

05-cr-40027-FDS

IN THE UNITED STATES DISTRICT  
COURT FOR THE DISTRICT  
OF MASSACHUSETTS

DARRYL YOUNG

#1329-007  
Plaintiff

Date

Vs.

CASE NO. 05-3189-CV-SFJG-P

OFFICER GALLAGHER

Defendants

the clerk of court

MR OR MS CLERK OF THE COURT I WRITING TO FILL SOME  
PAPERS ON MY PHYSICAL INJURIES IN THIS CASE.

MS OR MR CLERK I WOULD LIKE TO ASK FOR  
A LAWYER IN THIS CASE NO-3189-CV-SFJG-P OR DO  
YOU NO SOMESONE WHO TAKE CARESS WITH OUT A DOLLO  
PAY WHEN I WHEN.

NOW I GOING TO GO THROTH THESE PAPERS  
WITH YOU AND TELL YOU WHAT'S WHAT.

- ① NURSING ASSESSMENT from 12-18-03 that say I was hurt
- ② RADIOGRAPHIC Report,
- ③ TRAUMA to EYE Record,
- ④ ANATOMICAL Figure Report, BACK AND FEET
- ⑤ AFTER DAVE P.T. Doctor Report
- ⑥ AFTER DAVE THAT WAS SING BY THE NERS ABOUT HIS CLINICAL <sup>pain meds</sup>
- ⑦ Physical Therapy Report that I HAVE A INSTABILITY
- ⑧ MENTAL HEALTH with ADMISSION ORDERS

#1329-007

Darryl Young

## SECTION II

## NURSING ASSESSMENT

(USE FOR OUTPATIENT OR DIRECT INPATIENT ADMITS)

Date: 12/18-03 Time: 1345 Service: ☒ D&O; ☐ Forensic; ☐ MHTUASSESSMENT DEFERRED ☐Status: ☒ Suicide Precautions; ☐ Seclusion; ☐ Restraints; ☒ Locked; ☐ R/OLanguage: English Interpreter needed: ☒ Y ☐ N

## MENTAL STATUS

Behavior: ☒ Cooperative; ☐ Uncooperative; ☐ Passive; ☐ Aggressive.

Describe above:

Oriented ☒; Hallucinations ☐; Delusions ☐; ☐ Suicidal Ideation.Suicide Attempts: About a yr ago - cut wrist - hanging - at 15 on 16Mood/Affect: calm Thought Processes: calm, organizedSleep Disturbance:  racing thoughts.

## PSYCHIATRIC &amp; DRUG HISTORY

Past History ☒ Y ☐ N; Past Treatment ☒ Y ☐ N. If Yes, Where/WhenSt. Elizabeth Hosp. - Wash DC  
Also tx at Butler

Current Medications:

Risperidol, Serenquel

## NUTRITIONAL SCREENING

Recent Weight Loss/Gain ☐ Y ☐ N If Yes, How Much/How Longspecial Diet ☐ Y ☐ N If Yes, State Diet Needs

## \*PHYSICAL DATA

Vital Signs: B/P \_\_\_\_\_ T \_\_\_\_\_ P \_\_\_\_\_

Are you Having Pain? Yes \_\_\_\_\_ No ☒

Location \_\_\_\_\_ Intensity \_\_\_\_\_

Frequency \_\_\_\_\_ Duration \_\_\_\_\_

Skin: Appearance \_\_\_\_\_

Integrity Tattoos - Both Arms/Neck/Face -> old.Safety/Environmental/Functional Limitation Factors Identifies: ☐ Y ☐ Nlocked until eval.Seizures: ☒ Y ☐ N

Type/Duration: \_\_\_\_\_

Date of Last Seizure: \_\_\_\_\_

## \*MEDICAL PROBLEMS

☒ Y ☐ N Review Initial PA Assessment Data Sheet

## INITIAL PATIENT NEEDS IDENTIFIED

1) Orient to unit/evaluation treatment process2) LAK work3) TCM EVAL

## INITIAL PLAN OF CARE

1) Describe Unit Routine/Admission Process, and explain Treatment/Evaluation Procedures and Team

Concept

2) med Review3) LAK work\*[ ☒ Y ☐ N ] Does this patient have any Medical Condition, Physical disabilities, or history of sexual/physical abuse, which would place the patient at greater risk if placed on seclusion, suicide precautions, or restraint status? If yes, what are the primary risk factors?NAME: YOUNG, DARRYL  
REG. NO. 13259-007  
USMCFP SPG NO 08/26/75Page 2  
SENSITIVE LOUSPG-82 (07/02)  
USMCFP-SPRINGFIELD, MO

03/09/2005 18:58 FAX 417837178

MGFP MEDICAL RECORDS

STJ RADIOLOGY

002/017

U.S. MEDICAL CENTER FOR FEDERAL PRISONERS  
SPRINGFIELD, MISSOURI

RADIOGRAPHIC REPORT

NAME: YOUNG, DARRYL (8/26/1975)  
REG NO 13259-007  
WARD: D01

REQUESTED BY: L. Hogan / Dr. Choudhury  
DATE OF REQUEST: 3/7/2005  
DATE OF PROCEDURE: 3/8/2005

CLINICAL INFORMATION: Pain.

LUMBAR SPINE, TWO VIEWS


COMPARISON: None.

FINDINGS: Two views of the lumbar spine demonstrate five non-rib-bearing lumbar-type vertebral bodies with minimal levoscoliosis apex at L2. A large amount of retained fecal material within the ascending colon is seen. Age-indeterminate mild anterior wedge deformities of L1 and L2 are identified. Vertebral body heights, intervertebral disc spacing, and alignment are otherwise preserved.

IMPRESSIONS: 1) Age-indeterminate mild anterior wedge deformities of L1 and L2. ✓  
2) Extensive retained fecal material within the ascending colon. ✓

  
Gerald J. Ondr, M.D.  
Consultant Radiologist

GJO/feh  
D: 3/9/2005  
T: 3/9/2005

3.11.05  




SENSITIVE - LIMITED OFFICIAL USE

YOUNG, DARRYL  
13259-007  
USMCFP SPG NO  
08/26/1975

InterQual  
Smart Sheets™

Authorization#

2004 - Specialty Referral Criteria  
Trauma to Eye

PATIENT: Name \_\_\_\_\_ D.O.B. 8.26.75 ID# \_\_\_\_\_ GROUP# DY  
CPT/ICD: Code \_\_\_\_\_ Facility \_\_\_\_\_ Service Date \_\_\_\_\_  
PROVIDER: Name \_\_\_\_\_ ID# \_\_\_\_\_ Phone# \_\_\_\_\_  
Signature M. H. Hazelwood Date 2.1.05

Purpose of Specialty Care (choose one)

☐ Diagnosis ☒ Limited Management ☐ Co-Management ☐ Periodic Assessment  
SPECIALIST

ICD-9-CM: 360.5, 360.50, 360.51, 360.52, 360.53, 360.54, 360.55, 360.59, 360.6, 360.60, 360.61, 360.62, 360.63, 360.64, 360.65, 360.69, 376.47, 376.6, 802.6, 802.7, 802.8, 870.3, 870.4, 871.0, 871.1, 871.2, 871.3, 871.4, 871.5, 871.6, 871.7, 871.9, 918, 918.0, 918.9, 921.0, 921.9, 930, 930.0, 940, 940.0, 940.2, 940.3, 940.9, 941.02

INDICATIONS (choose one and see below)

- ☒ 100 Trauma to globe/orbit scleral Hemorrhage one sq. cm. area (L)  
☐ 200 Splash Injury to eye +  
☐ Indication Not Listed (Provide clinical justification below)

100 Trauma to globe/orbit(BOTH)

- ☐ 110 Injury w/in 6 mos  
☐ 120 Injury(ONE)  
    ☐ 121 Intraocular foreign body +  
    ☐ 122 Penetrating wound to globe +  
    ☐ 123 Blunt trauma to globe(ONE)  
        ☐ -1 Eye pain  
        ☐ -2 Decreased VA by PE  
        ☐ -3 Eye redness  
        ☐ -4 Impaired extraocular movement  
☐ 124 Orbital fracture by PE/imaging +

200 Splash Injury to eye +

Inj happened about  
1 1/2 hrs ago per pt.  
when officers restrained  
him in another  
BOP facility. c/o  
pain / throbbing.  
No visual problems  
noted.  
(unlabeled)

APPROVED

R Hazelwood, MD

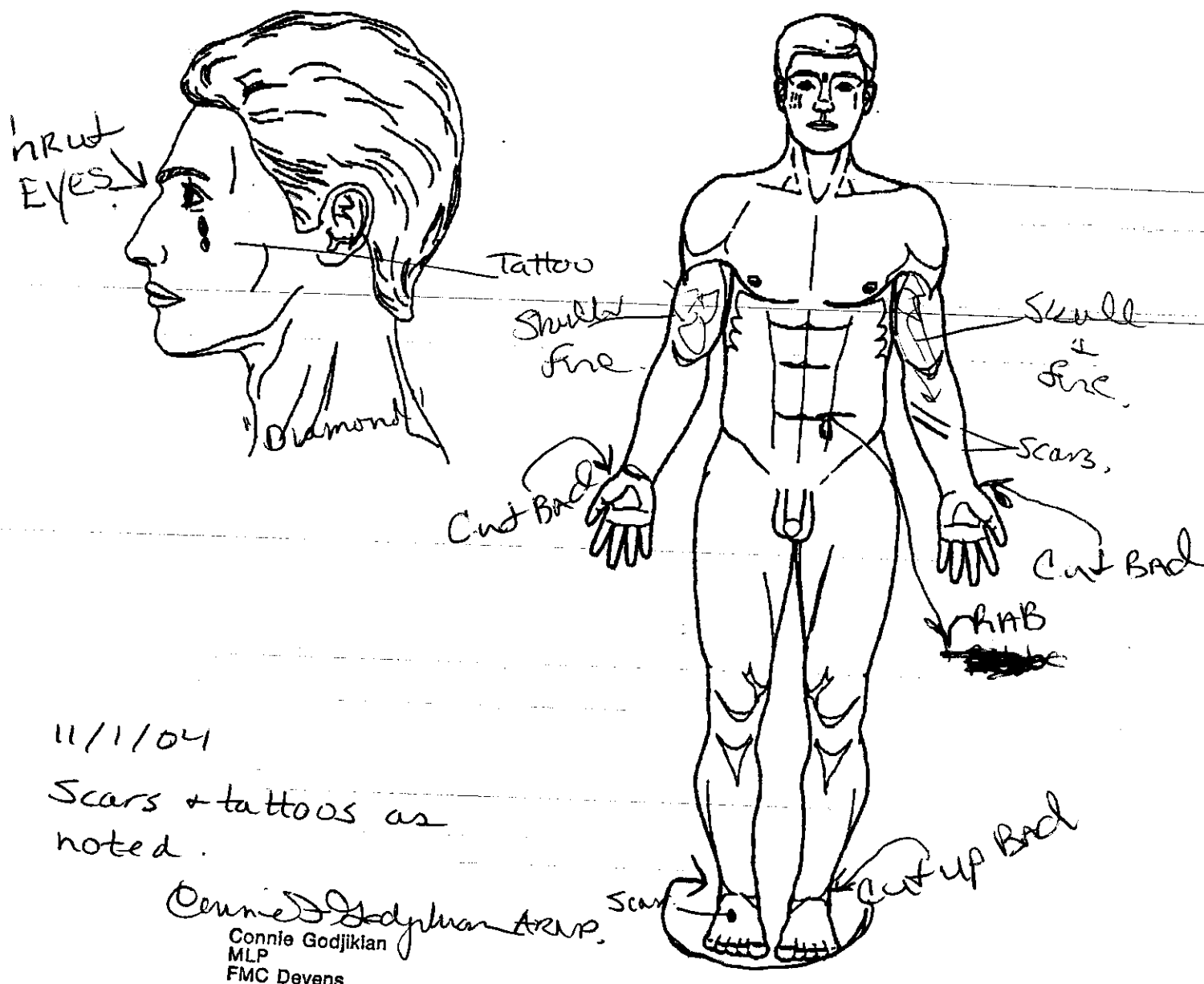
\*InterQual® criteria are intended solely for use as screening guidelines with respect to the medical appropriateness of healthcare services and not for final clinical or payment determinations concerning the type or level of medical care provided, or proposed to be provided, to a patient.

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McKESON

MEDICAL RECORD

ANATOMICAL FIGURE



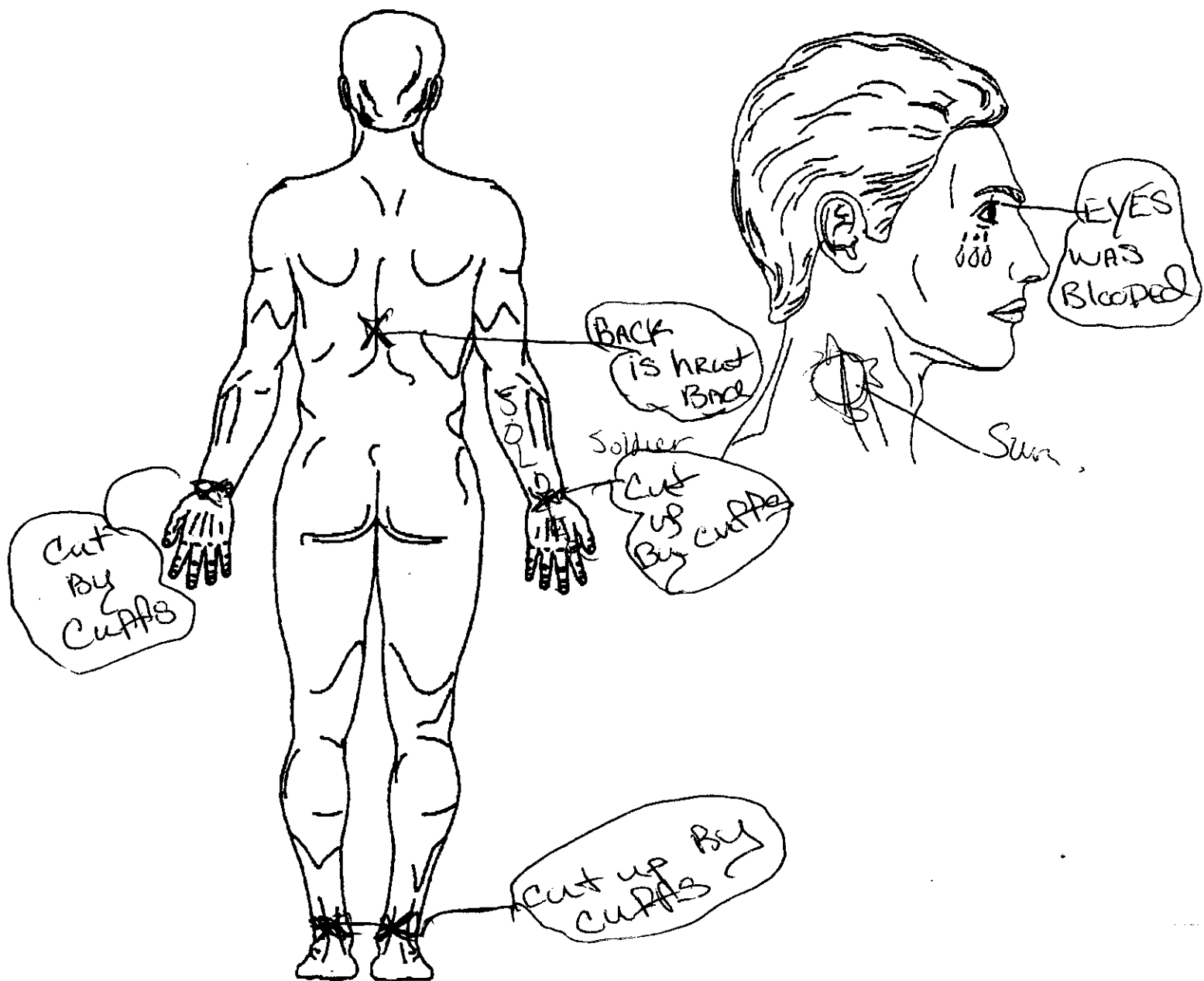
Register No.

Ward No.

Patient's Identification (for typed or written entries give: Name - last, first, middle: grade: date: hospital or medical facility.)

FMC Devens

13259-007  
YOUNG, DARRELL  
08-26-1975



13259-007  
YOUNG, DARRELL  
08-26-1975  
FMC DEVERS

Allyer Davu

Date: 6-20-05

For the P.t. Doctor

13259-007  
From DARRYL young

Im BEING look at for my BACK ONE MORE  
Time, I did the home exercise program and  
my BACK FEEL BADER, so now BACK at P.t.  
to SEE if he CAN do something for the PAIN

FINEDING

I will talk with Ms. Hogan. There may be an  
instability secondary to traumatic history causing pain. Continue  
to perform prescribed exercises.

Darryl young  
13259-007  
10-D-unit

SINING HERE,

DATE: 6-20-05



ADHER DAVU

FOR, MS SUMERS,  
NAMES OF MEDS,

DATE:

BACK PAIN MEDS  
NAMES ARE,

METAL ILLNESS MEDS ARE,

- 1 HORAZEPAM 2 MG MORING AND NIGH. P.R.N
- 2 QUETIAPINE 300 MG MORING AND NIGH
- 3 DOXEPIN 150 MG JUST AT NIGH
- 4 SEROQUEL 300 MG P.R.N.
- 5 RANITIDINE 150 MG
- 6 AVAN 1 MG P.R.N AND AT NIGH
- 7 ~~CLINORIL~~ Docusate Sodium 100 MG CAP PAIN

BACK PAIN MED IS

① Clinoril

② Docusate Sodium 100 MG CAP, PAIN,

13254-007

Darryl Young

Singhere ~~Drum~~

DATE: 6-20-05



**U.S. MEDICAL CENTER FOR FEDERAL PRISONERS**  
**SPRINGFIELD, MISSOURI**  
**REHABILITATION DEPARTMENT**  
 Initial X, Progress \_\_\_\_\_, Discharge X

PMH: Pt referred to PT for LBP

S: Pt states that he injured his back 8 years ago when he was trying to evade police. He states that he jumped out of an 8 story window and landed on his back. He reports not remembering the incident but does remember waking up in the hospital and being told what had happened. He further states that he was involved in an altercation with correctional officers and hurt his back again at that time.

O: Obs: Pt was seated for the subjective portion of the evaluation. He was in no apparent distress.  
 MMT and ROM: WNL and equal to me bilaterally with back and LE testing.  
 Palpation: P-A mobilizations indicate a possible instability through the mid-lumbar area. This is the area where he describes most of his pain.  
 Special tests: + quadrant testing, + nerve tension for sciatic nerve.

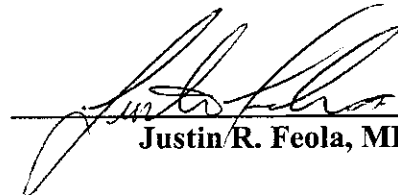
A: Pt shows symptoms consistent with instability at L3-4 level. He demonstrates sciatic nerve tension with a SLR. Goals met for PT and patient.

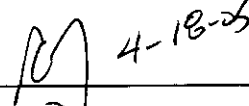
P: Discharge PT with home program.

E: Pt instructed in lumbar stabilization exercises and given a copy of these exercises complete with descriptive instruction and pictures on appropriate technique.

**Original - Medical Record**

Copy - Physical Therapy X  
 - Prosthetics/Orthotics \_\_\_\_\_  
 - Occupational Therapy \_\_\_\_\_  
 - Speech Therapy \_\_\_\_\_

  
 Justin R. Feola, MPT

Physician Gariety  4-18-05

Date 4-14-05

Patient Identification Young, Darryl 13259-007

Ward D01

SPG-75

SENSITIVE - LIMITED OFFICIAL USE

(Revised 11/04)

DATE AND TIME		MENTAL HEALTH UNIT	ADMISSION ORDERS	DRUG ORDERS	PHYSICIAN'S SIGNATURE	Signature
START	STOP	RX				
DATE and TIME						
10-22-04						
1200						
1. ADMIT to Mental Health Unit/ Admission and Observation Status					Inpatient	Secured
2. REASON for Referral						Housing Status (No contraindications)
3. ALLERGIES: NKDA						
4. VITAL SIGNS on admission includes temp, pulse, bp, height, weight						
Other						
5. DIET Regular <input checked="" type="checkbox"/> Heart Healthy <input type="checkbox"/> Continuation of Common Fare (Notify Chaplain)						
Other						
6. LABORATORY: Mental Health Panel (includes urinalysis)						
Finger stick glucose on admission						
7. ADDITIONAL LABS: N/A GLYCOHEMOGLOBIN						
8. EKG if over 50 yrs old or clinically indicated: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
9. CHEST X-RAY: PA/Lateral YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 8-18-04 - NEGATIVE						
10. PPD: Place PPD at Admission YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
Last date placed 8-15-03 Result 12 mm						
11. Td immunization at Admission YES <input type="checkbox"/> NO <input type="checkbox"/> Last date given						
12. Add to Medical or Psychiatric Chronic Care Clinic, specify:						
Not Indicated <input checked="" type="checkbox"/>						
13. Prior Health Record Reviewed: YES <input checked="" type="checkbox"/> Not Available <input type="checkbox"/>						
14. Special Precautions/Assistive Devices: NONE <input type="checkbox"/> YES <input type="checkbox"/> explain:						
15. MEDICATIONS: Quetiapine 400 mg po bid x 90d						
Orders noted and faxed to pharmacy.						
Nurse Signature: [Signature]						
Physician Signature: [Signature]						
Gary H. Riggs, MD						

PATIENT'S IDENTIFICATION (For typed or written entries give: Name, middle, grade, rank, rate, hospital or institution)		REGISTER NO.	WARD NO.
C. Stordis RN middle: grade: rank: rate: hospital or institution: FMC Devens			
Provider's Signature and Stamp			

13259-007  
 YOUNG, DARRYL  
 N  
 FMC DEVENS

8-26-75

FMC Devens  
 P.O. Box 880  
 Ayer, MA 01432

DOCTOR'S ORDERS  
 Medical Record

STANDARD FORM 508 (Rev. 3-94)  
 Prescribed by GSA/ICM, FIRM 41 CFR 201-9.202-1